

# Temporary Guardianship Authorization for Care of Minor

## Child

Name: \_\_\_\_\_

Permanent address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

## Child's School or Day Care

*[Leave this section blank if your child is not in school or any type of child care program.]*

School or child care program: \_\_\_\_\_ Grade (if in school): \_\_\_\_

Teacher: \_\_\_\_\_

School address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other child care program (such as after-school program):

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Responsible adult: \_\_\_\_\_

## Child's Doctor, Dentist, and Insurance

Doctor (or HMO): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name of medical insurer/health plan: \_\_\_\_\_ Policy no.: \_\_\_\_\_

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name of dental insurer/dental plan: \_\_\_\_\_ Policy no.: \_\_\_\_\_

## Parents (or Legal Guardians)

### Parent 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone or pager: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone or pager: \_\_\_\_\_ Email: \_\_\_\_\_

**Temporary Guardian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone or pager: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

**Emergency Contact**

In case of emergency, if the temporary guardian cannot be reached, please contact:

\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone or pager: \_\_\_\_\_ Email: \_\_\_\_\_

**Authorization and Consent of Parent(s) or Legal Guardian(s)**

*If there is more than one parent, the use of the singular incorporates the plural.*

1. I affirm that the minor child named above is my child and that I have legal custody of that child.
2. I give my full authorization and consent for my child to live with and travel with the temporary guardian and for the temporary guardian to establish a place of residence for my child.
3. I give the temporary guardian permission to act in my place and make decisions pertaining to my child's educational, recreational, and religious activities.
4. I give the temporary guardian permission to authorize medical and dental care for my child, including but not limited to medical examinations, X-rays, tests, anesthesia, surgical operations, hospital care, or other treatments that in the temporary guardian's

sole opinion are needed or useful for my child. Such medical treatment shall be provided only upon the advice of and supervised by a physician, surgeon, dentist, or other medical practitioner licensed to practice in the United States.

5. This authorization shall cover the period from \_\_\_\_\_ to \_\_\_\_\_.
6. While the temporary guardian cares for my child, the costs of my child's upkeep, living expenses, and medical and dental expenses shall be paid as follows: \_\_\_\_\_.

*I declare under penalty of perjury under the laws of the state of \_\_\_\_\_ that the foregoing is true and correct.*

Parent 1's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent 2's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Consent of Temporary Guardian**

I solemnly affirm that I will assume full responsibility for the minor who will live with me during the period designated above. I agree to make necessary decisions and to provide consent for the minor as set forth in the above Authorization and Consent of Parent(s). I also agree to the terms of the costs of the minor's upkeep, living expenses, and medical and dental expenses as set forth in the above Authorization and Consent of Parent(s).

*I declare under penalty of perjury under the laws of the state of \_\_\_\_\_ that the foregoing is true and correct.*

Temporary guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Certificate of Acknowledgment of Notary Public**

State of \_\_\_\_\_ )

) SS

County of \_\_\_\_\_ )

On \_\_\_\_\_, before me, \_\_\_\_\_, a notary

public in and for said state, personally appeared \_\_\_\_\_  
\_\_\_\_\_, personally known to me (or proved to me on the basis of  
satisfactory evidence) to be the person whose name is subscribed to the within  
instrument, and acknowledged to me that he or she executed the same in his or her  
authorized capacity and that by his or her signature on the instrument, the person, or the  
entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

My commission expires \_\_\_\_\_

[NOTARY SEAL]